

**WAYNE STATE COLLEGE
MENTORING PROGRAM
Supervisor Approval Form**

Mentor name: _____

Mentee name: _____

Date: _____

I understand that the employee listed above will be serving as the mentor for the new staff named as the mentee above for a one year period.

Supervisor name: _____

Supervisor signature

The supervisor, mentor and mentee will each receive a copy of this form. If the mentee's supervisor is not the supervisor of the mentor, the mentee's supervisor shall also receive a copy of this form.